

wisconsin Medicaid update

and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Community
Support
Programs
HMOs and Other
Managed Care
Programs

Community support program coverage of total medication management and other physical health care services

This *Update* clarifies Wisconsin Medicaid coverage of community support program (CSP) medication management and other physical health care services for individuals in CSPs needing assistance because of their mental illnesses. It includes descriptions of new CSP codes, clinical guidelines on coverage for CSP services, and a complete list of CSP codes.

Clarification of community support program coverage

The purpose of community support programs (CSPs) is to provide effective, easily accessible treatment, rehabilitation, and support services to individuals with severe and persistent mental illnesses. Only persons with specific mental illness diagnoses and functional impairments qualify for admission to CSPs, but they may also have physical health care needs.

Community support programs provide services in the community, where residents live and work, promoting individual recovery and reducing the need for institutional placements.

Wisconsin Medicaid recognizes that CSP medical and nursing staff may be the most appropriate people to provide and receive reimbursement for certain nonpsychiatric health services.

In the past, CSP medical staff (psychiatrists and registered nurses) have provided physical health assessments and nonpsychiatric health services coincidental to providing mental health services in the recipient's home, but there have been no separate codes for billing Medicaid for those services. Medicaid's guiding principle is to provide services in the manner most consistent with the recipient's needs and to avoid duplication of services.

New community support program procedure codes now in effect

New Medicaid community support program procedure code for medication administration

- W8232 – CSP psychiatric medication administration, master's registered nurse (RN) only.

Note: Nurses with master's degrees in psychiatric nursing will be reimbursed at a rate commensurate with other CSP master's professionals, as required in HFS 63, Wis. Admin. Code.

New community support program procedure codes for nonpsychiatric medication management

New Medicaid CSP procedure codes for nonpsychiatric medication management and other physical health care services are the following:

- W8290 – CSP nonpsychiatric medication and physical health care services, psychiatrist.*
- W8292 – CSP nonpsychiatric medication and physical health care services, master’s RN only.*
- W8293 – CSP nonpsychiatric medication and physical health care services, RN only.*
- W8294 – CSP nonpsychiatric physical health care services, mental health technician who is also a licensed practical nurse (LPN). (Services provided by an LPN may include such activities as taking blood pressure, changing dressings, and performing blood sugar checks. Under HFS 63, Wis. Admin. Code, LPNs may not provide medication administration in CSP programs.)

*These services should be billed as W8230, W8232, or W8233, respectively, when they are provided at the same time psychiatric medication prescription and/or administration is provided.

Bill these new CSP codes in the same time increments as other CSP services. Community support program services are billed in tenths of an hour with a minimum time of 1/10 of an hour.

CSP services do not require prior authorization.

Wisconsin Medicaid requires all claims be submitted within 365 days of the date when services were performed.

Attachment 1 of this *Update* contains clinical guidance clarifications of new procedure codes on CSP policy as outlined in the Wisconsin Administrative Code and how these services can be covered by Wisconsin Medicaid. Refer to Attachment 2 for a complete listing of CSP procedure codes. Staff qualifications must meet HFS 63, Wis. Admin. Code, standards.

The CSP staff person may perform these services and claim Medicaid reimbursement only if the services are included in the provider’s scope of practice.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Clinical Guidance Clarifications

Wisconsin Medicaid recipients who have severe and persistent mental illnesses which may interfere with treatment compliance are eligible for community support program (CSP) services. Community support programs are responsible for ensuring that the full range of the recipient's health care and support service needs are met.

Description of medication management

Medication management includes prescription, administration, monitoring, and documentation. In CSPs, only psychiatrists may prescribe medications. Registered nurses (RNs), but not licensed practical nurses, may transcribe, relay physician's orders to pharmacies, set up medications, and administer and monitor medications. Services must be documented by the performer of the service.

Management of psychiatric medications

The new Medicaid CSP codes do not impact policy regarding psychiatric medications.

- The CSP is solely responsible for ensuring that CSP recipients receive their psychiatric medications as prescribed and that the service is properly documented in the recipient's CSP record.
- The CSP provider is required to provide or make arrangements for psychiatric medication management, including self-administration and weekend coverage.
- The CSP provider is required to include non-CSP care providers in treatment planning for all aspects of care needs.
- The CSP provider is required to document all aspects of care needs in the treatment plan.
- Since these are all CSP services, they must be documented and billed as CSP services.

Management of nonpsychiatric medications and physical health care services

- Community support program providers are required to complete a physical health assessment to evaluate the recipient's health status and the medical conditions present and to ensure the recipient receives appropriate referral, treatment, follow-up, and support from CSP staff and from community medical providers.
- The CSP team may be directly involved in the management of nonpsychiatric medications and/or physical health care services prescribed by community physicians.
- Based on the CSP recipient's assessed needs, CSP providers are required to ensure the recipient receives needed nonpsychiatric medications and/or physical health care services. There may be times when a home health agency or another provider may be more appropriate to provide the services.
- Community support program providers *may* provide nonpsychiatric medication management and physical health care services.

Billing for services for community support program recipients

Community support programs are responsible for ensuring that Medicaid CSP recipients receive all needed services. Any non-CSP providers of physical health care services must be involved in treatment planning. The treatment plan must indicate the actual provider of the service. While the actual provider of the service must document and bill the service, the CSP must ensure appropriate follow-up. Follow-up activities must be included in the CSP treatment plan and their completion must be

included in the CSP progress notes. If the service is provided as a CSP service, documentation to support the claim must be included in the CSP record. If the service is billed to Wisconsin Medicaid by a non-CSP provider, the CSP record should reflect this. Treatment plan updates should include current information on the service, the provider, and the status of the recipient. The same services cannot be provided or billed by more than one provider (i.e., duplicate billed).

Policies regarding physician orders

Community support program medical staff (psychiatrists and RNs) may follow physician orders for procedures or medications that are prescribed by a physician other than the CSP physician. These services are required to be included in the CSP treatment plan and may be billed to Wisconsin Medicaid using the nonpsychiatric and other physical health care codes. Each CSP should have written policies and procedures to cover these protocols.

Exceptions to the community support program provision of services

The CSP medical or nursing staff may perform medical interventions according to the training or experience level of its staff. Additional nursing services through Medicaid home health benefits might be needed in some cases. Possible exceptions to the CSP provision of services include, but are not limited to, the following:

- The CSP does not have sufficient RN coverage to perform the additional physical care needed by its recipients.
- The CSP RN does not have expertise in the specific care required by the recipient.
- The CSP recipient qualifies for home health service coverage under Wisconsin Medicaid as he or she is homebound and in need of medical services.

General information about home health services

Home health coverage

Medicaid recipients may receive home health services. Home health services are medically necessary nursing services for recipients who are confined to their homes. Home health services are required to be:

- Ordered by a physician as part of a plan of care that the physician reviews every 62 days.
- Provided in the recipient's place of residence.
- Provided by a home health agency that meets the conditions of participation for Medicare.
- Provided to a recipient who is confined to the home, except for intermittent trips out of the home to obtain services that cannot be obtained in the home, or when the recipient cannot reasonably obtain services elsewhere.

Home health services include:

- Part-time or intermittent skilled nursing services, as defined under s. 441.11, Wis. Stats.
- Home health aide services supervised by the RN.
- Medical supplies, equipment, and appliances suitable for use in the recipient's home.
- Occupational therapy, physical therapy, and speech pathology services which the agency is certified to provide.

Refer to HFS 107.11, Wis. Admin. Code; the Home Health Services Handbook; and the October 1995 *Wisconsin Medicaid Update* (95-36), titled "Home Health Changes for Medication Management," for more information.

Use of skilled nursing services by community support program recipients

Community support program Medicaid recipients who are confined to the home and need ongoing skilled care for long- or short-term physical conditions may be eligible for skilled nursing services. For example, a CSP recipient with severe congestive heart failure may be unable to leave the home unassisted and may need home health *and* CSP services on a long-term basis. Likewise, it may be appropriate for a CSP recipient to receive home health services on a short-term basis.

The CSP maintains responsibility to ensure that all needed services are being provided, even when CSP recipients are receiving home health services. The CSP treatment plan should describe which providers are providing what services, and monitoring activities performed by the CSP should be documented in the CSP record.

Most CSP recipients are not eligible for skilled nursing or therapy visits because they do not meet the requirement of being confined to the home. However, persons in need of assistance from a home health aide or personal care worker do not have to be confined to the home to qualify for personal care services.

General information about personal care services

Personal care coverage

Personal care services are medically oriented activities, provided in the Medicaid recipient's home, to assist with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. Personal care services are required to be:

- Ordered by a physician as part of a plan of care that the physician renews every three months.
- Provided under the supervision of an RN, who develops the plan of care, reviews and evaluates the recipient's progress at least once every 60 days.
- Provided by a personal care worker who is not a responsible relative of the recipient and who is employed by, or under contract to, the certified personal agency and assigned by the supervising RN.

Refer to HFS 107.112, Wis. Admin. Code, for a complete description of covered personal care services.

Use of personal care by community support program recipients

One of the primary goals of CSPs is to teach CSP Medicaid recipients activities of daily living, such as hygiene, grooming, etc. If the recipient is truly unable to perform his or her own self-care and requires "hands-on" assistance after the CSP has made attempts to teach the recipient, it may be necessary to have a personal care worker assist the recipient on an ongoing basis. Personal care services are subject to the regulations for that service and are billed as personal care services. The CSP treatment plan must show the coordination between the CSP and the personal care agency (HFS 107.112, Wis. Admin. Code).

Refer to HFS 107.112, Wis. Admin. Code, and personal care *Updates* and publications for more information.

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ATTACHMENT 2

Community support program procedure codes

Wisconsin Medicaid allowable procedure codes for community support programs

Use type of service "1" for all community support program services.

Effective for dates on and after August 1, 1999.

Procedure Code	Description	Certified Providers Who May Perform Service	Allowable Place of Service*	Contracted Hourly Rate	Reimbursement (federal share) processed through 09/30/00	Reimbursement (federal share) processed on and after 10/01/00
W8200	CSP assessment and treatment planning	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8201	CSP assessment and treatment planning	Psychologist - Ph.D.	0, 2, 3, 4	\$104.75	\$61.57	\$62.11
W8202	CSP assessment and treatment planning	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8203	CSP assessment and treatment planning	CSP Professional	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8210	CSP transition to community living	Psychiatrist	0, 1, 2, 3, 4, 7, 8	\$139.66	\$82.09	\$82.80
W8211	CSP transition to community living	Psychologist - Ph.D.	0, 1, 2, 3, 4, 7, 8	\$104.75	\$61.57	\$62.11
W8212	CSP transition to community living	Master's	0, 1, 2, 3, 4, 7, 8	\$83.81	\$49.26	\$49.69
W8213	CSP transition to community living	CSP Professional	0, 1, 2, 3, 4, 7, 8	\$55.85	\$32.83	\$33.11
W8220	CSP routine psychiatric services	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8221	CSP routine psychiatric services	Psychologist - Ph.D.	0, 2, 3, 4	\$104.75	\$61.57	\$62.11
W8222	CSP routine psychiatric services	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69

*Place of Service

- | | |
|-------------------------|------------------------------|
| 0 = Other | 4 = Home |
| 1 = Inpatient Hospital | 7 = NH/Extended Care |
| 2 = Outpatient Hospital | 8 = Skilled Nursing Facility |
| 3 = Doctor Office | |

**Indicates new community support program procedure code.

Procedure Code	Description	Certified Providers Who May Perform Service	Allowable Place of Service*	Contracted Hourly Rate	Reimbursement (federal share) processed through 09/30/00	Reimbursement (federal share) processed on and after 10/01/00
W8230	CSP psychiatric medication prescription and administration	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8232**	CSP psychiatric medication administration	Master's (Registered Nurse only)	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8233	CSP psychiatric medication administration	CSP Professional (Registered Nurse only)	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8240	CSP symptom management and supportive psychotherapy	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8241	CSP symptom management and supportive psychotherapy	Psychologist - Ph.D.	0, 2, 3, 4	\$104.75	\$61.57	\$62.11
W8242	CSP symptom management and supportive psychotherapy	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8243	CSP symptom management and supportive psychotherapy	CSP Professional	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8250	CSP case management	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8251	CSP case management	Psychologist - Ph.D.	0, 2, 3, 4	\$104.75	\$61.57	\$62.11
W8252	CSP case management	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8253	CSP case management	CSP Professional	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8262	CSP employment-related skill training	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8263	CSP employment-related skill training	CSP Professional	0, 2, 3, 4	\$55.85	\$32.83	\$33.11

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**Indicates new community support program procedure code.

Procedure Code	Description	Certified Providers Who May Perform Service	Allowable Place of Service*	Contracted Hourly Rate	Reimbursement (federal share) processed through 09/30/00	Reimbursement (federal share) processed on and after 10/01/00
W8271	CSP psychosocial rehabilitation	Psychologist - Ph.D.	0, 2, 3, 4	\$104.75	\$61.57	\$62.11
W8272	CSP psychosocial rehabilitation	Master's	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8273	CSP psychosocial rehabilitation	CSP Professional	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8274	CSP psychosocial rehabilitation	Mental Health Technician	0, 2, 3, 4	\$20.95	\$12.31	\$12.42
W8280	CSP group therapy	Psychiatrist	0, 2, 3, 4	\$34.92	\$20.53	\$20.70
W8281	CSP group therapy	Psychologist - Ph.D.	0, 2, 3, 4	\$26.17	\$15.38	\$15.52
W8282	CSP group therapy	Master's	0, 2, 3, 4	\$20.95	\$12.31	\$12.42
W8283	CSP group therapy	CSP Professional	0, 2, 3, 4	\$13.97	\$8.21	\$8.28
W8290**	CSP nonpsychiatric medication and physical health care services	Psychiatrist	0, 2, 3, 4	\$139.66	\$82.09	\$82.80
W8292**	CSP nonpsychiatric medication and physical health care services	Master's (Registered Nurse only)	0, 2, 3, 4	\$83.81	\$49.26	\$49.69
W8293**	CSP nonpsychiatric medication and physical health care services	CSP Professional (Registered Nurse only)	0, 2, 3, 4	\$55.85	\$32.83	\$33.11
W8294**	CSP nonpsychiatric physical health care services	CSP Mental Health Technician (Licensed Practical Nurse only)	0, 2, 3, 4	\$20.95	\$12.31	\$12.42

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- | | |
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**Indicates new community support program procedure code.

Procedure Code	Description	Certified Providers Who May Perform Service	Allowable Place of Service*	Maximum Fee
W8902	Clozapine management - No face-to-face	Physician Clinics, Pharmacies, CSPs, FQHCs***	0, 2, 3	\$35.21
W8903	Clozapine management - At office or at any multiple recipient off-site location	Physician Clinics, Pharmacies, CSPs, FQHCs***	2, 3, 4	\$35.21
W8904	Clozapine management - At home or other single recipient site	Physician Clinics, Pharmacies, CSPs, FQHCs***	0, 4	\$35.21

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***FQHCs - Federally Qualified Health Centers